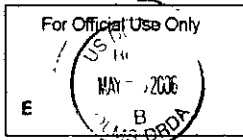


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6741	2. Fiscal Year Covered From: <div>1 / 1 / 2005 Through: 12 / 31 / 2005</div>
3. Name and address of person filing. Name William L Richards P.O. Box, Bldg., Room No., if any Street 10666 Scotts Corners Rd. City Diamond State Ohio ZIP Code + 4 44412	4. Name, file number, and address of labor organization. Name I U of Elevator Constructors Labor Organization File Number 050-545 P.O. Box, Building and Room Number, if any PO Box 0429 Street City Akron State Ohio ZIP Code + 4 44309-0429
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <div>N/A</div> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>William L Richards</i></u>	On <u>4/30/2006</u>	<u>330-654-5619</u>
	Date	Telephone Number

Name of Person Filing William Richards	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name National Elev. Ind. Education Program</p> <p>Trade Name, if any: NEIEP</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11 Larsen Way</p> <p>City Attleboro Falls</p> <p>State Maine ZIP Code + 4 02763</p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;">b. Trust</p> <p style="margin-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;">See Attached</div> <p>11.b. Approximate dollar value of such dealing. \$960</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px 0;">N/A</div>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

LM-30 Attachment

Name:
LM-30 File Number:

Ending date of report period: 12/31/05

LM-30 Item
Number

- 11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

Employee Reference Copy W-2 Wage and Tax Statement 2005

Copy C for employee's records
a Control number 045004 46/AFQ Dept. 045300 Corp. Employer use only A EIC 447

c Employer's name, address, and ZIP code
**NATIONAL ELEVATOR
INDUSTRY
11 LARSEN WAY
ATTLEBORO FALLS MA 02763**
Batch #00812

e/f Employee's name, address, and ZIP code
**WILLIAM L. RICHARDS
CORNERS RD
10666 SCOTTS
DIAMOND, OH 44412**

b Employer's FED ID number 23-6421955	d Employee's SSA number 286-46-8141
1 Wages, tips, other comp. 960.00	2 Federal income tax withheld
3 Social security wages 960.00	4 Social security tax withheld 59.52
5 Medicare wages and tips 960.00	6 Medicare tax withheld 13.92
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
15 State Employer's state ID no. OH 52-2181122	16 State wages, tips, etc. 960.00
17 State income tax 6.43	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Gross Pay	960.00	Social Security Tax Withheld Box 4 of W-2	59.52	OH. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	6.43
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2	13.92		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	960.00	960.00	960.00	960.00
Reported W-2 Wages	960.00	960.00	960.00	960.00

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

Scott's **WILLIAM L. RICHARDS
CORNERS RD
10666 SCOTTS
DIAMOND, OH 44412**

Social Security Number: 286-46-8141
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 1
STATE: 1

© 2005 AUTOMATIC DATA PROCESSING, INC.

Fold and Detach Here

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